

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600001	CITY OR TOWN GARDNER						
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2013		13			
	CLASS			YEAR			
LICENSEE NAME: LITHUANIAN OUTE DOING BUSINESS A	NG ASSOCIATION	, INC.					
ADDRESS AIRPORT RD.OFF BRDWY							
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE:	01440				
MANAGER: WISNAUSKAS, TYPE OWILLIAM	OF LICENSE:Club	CA	ATEGORY:	All Alcohol			
EMAIL ADDRESS:							
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMAI	L ADDRESS					
DESCRIPTION OF LICENSED PREMISES	S :						
FIVE ROOMS, FIVE ENTRANCES-EXITS, ONE FLOOR, NO CELLAR-TWENTY FOOT BAR 9 (REAR OF BUILDING). License to include outside aea contained by rope, chain link fence. 48,400 sf contiguous to licensed premise							
I hereby certify and swear under penalties of	perjury that:						
1. the renewed license will be of the	same type for the sa	me premises now	licensed;				
2. the licensee has complied with all	laws of the Common	nwealth relating t	o taxes; and				
3. the premises are now open for bus	siness (If not explain	below)					
SIGNED BY: Individual, Partner or	Authorized Corpora	te Officer					
DATE: TELEPHONE N							
TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	R IDENTIFICAT Iividual Social Se				
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head o	ertificate requir f the fire depart	ed by Chapto ment for the	er 304 of the above			
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY			
APPROVED:		Ву:					
DISAPPROVED:							
(If disapproved explain)							
DATE:							

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 043600	0064	CITY OR TOWN GARDNER			
APPLICATION FOR RENE	WAL: Seasonal	LICENSED FOR 2	2013		
	CLASS		YEAR		
LICENSEE NAME: P.A.C. DOING BUSINESS A	C.				
ADDRESS 185 KENDALL 1	POND ROAD				
CITY/TOWN: GARDNER	STATE: MA	ZIP CODE: 01440			
MANAGER: GEMBORYS BRUCE	S, TYPE OF LICENSE:C	lub CATEGORY	: All Alcohol		
EMAIL ADDRESS:					
PLEASE AL	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF LICENS	ED PREMISES:				
THE TOP FLOOR WITH STOF AREA CONSISTING OF 20,30 ENTRANCES/EXITS FOR THI	RAGE ON THE BOTTOM FLOOR 0 SQ.FT. FOR A TOTAL SQ.FT. (STING OF TWO STORIES, OCCUP A AND EXTERIOR FENCED OUTD OF 20,540 +/ THERE ARE TWO NCES/EXITS IN THE EXTERIOR I BE CONSUMED	OOOR		
I hereby certify and swear une	der penalties of perjury that:				
1. the renewed licens	se will be of the same type for the	ne same premises now licensed;			
2. the licensee has co	omplied with all laws of the Cor	nmonwealth relating to taxes; and	l		
3. the premises are n	ow open for business (If not exp	plain below)			
SIGNED BY:	dual, Partner or Authorized Cor	porate Officer			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social			
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chap ad of the fire department for th surance required by Chapter 11	e above		
Please Check Below:		LOCAL LICENSING AUTH	HORITY		
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					
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